

OFFENDER NOTIFICATION REQUEST

Method of Notification (Please check one)

- | | |
|---|---|
| <input type="checkbox"/> First Class Mail | <input type="checkbox"/> Certified Mail |
| <input type="checkbox"/> Phone | <input type="checkbox"/> E-mail * |
| <input type="checkbox"/> Fax * | |

* If you have checked either fax or e-mail, please provide the fax number or e-mail address on the above line.

Any comments, please provide in the box below

OFFENDER INFORMATION

Offender's Full Name (First, Middle, Last)

DOC Offender Number

Complete the bottom section if DOC Number is unknown

County

Date of Sentence

VICTIM CONTACT INFORMATION

Name

Address

City

State

Zip

Phone

Date

Signature

ALTERNATE CONTACT INFORMATION

Name

Address

City

State

Zip

Phone

Date

Signature

Your signature above will indicate that you have read the following statement below.

STATEMENT: I understand that the information I have furnished will be kept confidential and will only be used to notify me of important activities taken on my case. I also understand that the information I have given will be shared with the Office of the Prosecuting Attorney and other personnel within each criminal justice agency for contacting purposes only.

PLEASE FILL OUT COMPLETELY, SEAL, STAMP AND SEND TO THE RETURN ADDRESS LOCATED ON BACK OF FORM.



Printed on recycled paper with soy ink.